

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445130</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, SPARTA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>34 GRACEY ST SPARTA, TN 38583</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the smoke barrier walls.</p> <p>The findings included:</p> <p>1. On 10/10/11 at 9:20 AM, observation within station two long hall revealed a penetration around cable wires in the smoke wall above the corridor egress doors.</p>	K 025	<p>K 025 Smoke barriers</p> <p>On 10-17-11 penetration on station two long hall was sealed. On 10-17-11 penetration in concrete ceiling near room 201 was sealed. Other areas were reviewed for penetrations and none were found. On 10-21-11 Maintenance director will in service his maintenance staff on making sure penetrations are sealed. Maintenance director will monitor penetrations weekly x 8. Findings of the quality assurance monitor will be reported by the Maintenance Director to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.</p>	10-21-11
K 067 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067	<p>K 067 heating, ventilating, and air conditioning</p> <p>On 10-12-11 a letter was received from the State of Tennessee stating that plans have been entered into the plans review process to renovate the HVAC system that will include the station three shower room. On 10-10-11 other exhaust fan units were tested and were working properly. On 10-21-11 maintenance director will in service maintenance department on proper working fans. Maintenance director will monitor exhaust fans weekly x 8 and again weekly x 8 after HVAC system renovations are complete.</p>	10-21-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Ben Stephens</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>10-24-11</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 25 2011

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K 067	Continued From page 1  This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the exhaust system.  The findings included:  On 10/10/11 at 10:50 AM, testing of the exhaust fan unit in station three shower room revealed the unit was not working.  The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 10/10/11.	K 067	Findings of the quality assurance monitor will be reported by the Maintenance Director to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.  K147 – electrical wiring  On 10-17-11 a cover plate was placed on the electrical junction box next to room 201. On 10- 10-11 over junction boxes were reviewed and all had plates in place. On 10-21-11 maintenance director will in service maintenance staff of junction box cover plates. Maintenance director will monitor weekly x 8 to make sure junction boxes have cover plates in place. Findings of the quality assurance monitor will be reported by the Maintenance Director to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.		10-21-11
K 147 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the electrical system.  The findings included:  On 10/10/11 at 11:26 AM, observation within station two ceiling area next to room 201 revealed an open electrical junction box without any cover plate.  This finding was acknowledged by the	K 147			

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K 147	Continued From page 2 Administrator and verified by the Maintenance Director during the exit interview on 10/10/11.	K 147			

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